

Applicant Name & Title: _____

Zip Code: _____ Telephone Number: _____

(Attach aerial and site plan depicting location of operation)

(Proper zoning is required)

Approx. size: _____
acres Section Township Range

Owner of property (if different from above): _____

Method of Disinfection of Waste:_____

Facility roofed or indoors? (YES or NO):

Explain: _____

Will operation be open for public disposal of material? (YES or NO): _____
(Miami-Dade County Department of Solid Waste Management approval may also be required)

Methodology for monitoring incoming waste:

- A) Authorized Representative of Applicant present: _____
B) Other proposed method (describe): _____

Waste accepted for disposal shall be limited to: _____

Incoming waste shall be dumped apart from immediate working area and inspected for non-acceptable items.
Non-acceptable materials shall be removed from site on a routine basis.

Off-site Disposal Location for Non-acceptable materials (list specific location): _____

Amount of other types of any non-approved solid waste inadvertently placed on site, with or without authorization, shall be considered non-acceptable materials, segregated from acceptable material, and disposed at off-site location indicated above.

Describe resource recovery operation. Include type of waste, process used, end product created, amounts of waste and end product, site description and any odor control system, stormwater management plan to be included. (provide on a separate sheet).

The undersigned owner** or authorized representative of _____

is fully aware that the statements made in this application for an operation permit are true, correct, and complete to the best of his/her knowledge and belief. Further, the undersigned agrees to maintain and operate the potential pollution source and pollution control facilities in such a manner as to comply with the aforementioned criteria, the provisions of Chapter 24, Miami-Dade County Code, and all applicable rules and regulations. He/She also understands that a permit, if granted by the Department, will be non-transferable and he/she will promptly notify the Department upon sale, change of location, or legal transfer of the permitted facility. He/She further understands that failure to comply with the above criteria, rules and regulations may result in suspension or revocation of permit and site restoration.

Signature, Owner or Authorized Representative
(Notarization is mandatory)

Typed Name and Title

DATE

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary

**Attach letter of authorization (see enclosed sample letter)